

For official use only:

Customer Name

Customer No.

PD F 2778-1 E
Department of the Treasury
Bureau of the Public Debt
(Revised December 2001)

CERTIFICATION ATTACHMENT

(May be used for up to two additional signatures and certifications)

Attached to and made a part of Form: _____

Sign in ink in the presence of an authorized certifying officer.

Sign Here _____

(Print Name)

Home Address _____

(Number and Street or Rural Route)

(Social Security Number)

(City)

(State)

(ZIP Code)

(Daytime Telephone Number)

E-Mail Address _____

I CERTIFY that _____, whose identity is well-known or
proved to me, personally appeared before me this _____ day of _____,
(Month) (Year)
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Street address)

My commission expires _____

(For notaries only)

(City)

(State)

(ZIP Code)

Sign in ink in the presence of an authorized certifying officer.

Sign Here _____

(Print Name)

Home Address _____

(Number and Street or Rural Route)

(Social Security Number)

(City)

(State)

(ZIP Code)

(Daytime Telephone Number)

E-Mail Address _____

I CERTIFY that _____, whose identity is well-known or
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(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Street address)

My commission expires _____

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(City)

(State)

(ZIP Code)